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16 Attorneys for Defendant,  
17 AMAZON.COM, INC.

18 UNITED STATES DISTRICT COURT  
19 CENTRAL DISTRICT OF CALIFORNIA  
20 WESTERN DIVISION—LOS ANGELES

21 EMSURGCARE, AND EMERGENCY  
22 SURGICAL ASSISTANT,

23 Plaintiff,

24 vs.

25 AMAZON.COM, INC. AND DOES 1-  
26 10.,

27 Defendants.

Case No. 2:24-cv-07418-ODW-MAA

**DECLARATION OF LISA R.  
WEDDLE IN SUPPORT OF  
AMAZON'S MOTION TO  
DISMISS THE COMPLAINT FOR  
QUANTUM MERUIT**

Hearing Date: November 18, 2024

Time: 1:30 p.m.

Complaint Filed: July 10, 2024

Removed: August 30, 2024

The Hon. Otis D. Wright, II

1 I, Lisa R. Weddle, declare as follows:

2 1. I am an attorney licensed to practice law in the State of California and  
3 am a partner with the law firm Morgan, Lewis & Bockius LLP, counsel for Defendant  
4 Amazon.com, Inc. (“Amazon”). I have knowledge of the facts set forth below, based  
5 on certain firsthand knowledge, as well as information received and reviewed in  
6 connection with this matter.

7 2. Attached as **Exhibit A** is a true and correct copy of an Explanation of  
8 Benefits, with private patient information redacted, which was provided to me by  
9 Plaintiffs’ counsel.

10 3. Attached as **Exhibit B** is a true and correct copy of a screenshot of the  
11 California Department of Managed Health Care’s website showing that Amazon is  
12 not a Health Care Service Plan licensed by the State of California, which was  
13 accessed at [wpso.dnhc.ca.gov/dashboard/SearchHealthPlan.aspx](https://wpso.dnhc.ca.gov/dashboard/SearchHealthPlan.aspx) on or about  
14 September 26, 2024.

15 I declare under penalty of perjury under the laws of the United States and  
16 California that the foregoing is true and correct.

17 Executed on October 7, 2024 in Los Angeles, California.

18  
19 /s/ **Lisa R. Weddle**

20 Lisa R. Weddle  
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# EXHIBIT A



Claim Status Information

Call Reference #: [REDACTED]

TIN: [REDACTED]

NPI #: [REDACTED]

Check or Trace Number: [REDACTED]

Claim Amount Issued to Member:

Claim Amount Issued to Provider: \$2402.16

Check Amount for Provider: \$2402.16

Check Issue Date for Provider: April 06, 2023

Check Cashed Date: April 18, 2023

Check Mailed to Provider: [REDACTED]

Payment Indicator: Single

Clean Claim Date: March 14, 2023

Patient Name: [REDACTED]

Relation: [REDACTED]

Claim ID: [REDACTED]

Received Date: March 14, 2023

Processed Date: April 05, 2023

**STATUS: Completed**

Patient ID: [REDACTED]

Member: [REDACTED]

Medical Product: [REDACTED]

Dental Product: [REDACTED]

Medical Group Number: [REDACTED]

Dental Group Number: [REDACTED]

Service Dates	PL	Service Code	Num Svcs	Submitted Charges	Allowable / Negotiated Amount	Copay	Not Payable	See Remarks	Deductible	Co Insurance	Patient Resp	Payable Amt
05/18/2022	23	[REDACTED]	1	\$70000.00	\$2402.16	\$0.00	\$67597.84	1	\$0.00	\$0.00	\$0.00	\$2402.16
05/18/2022				\$70000.00	\$2402.16	\$0.00	\$67597.84		\$0.00	\$0.00	\$0.00	\$2402.16
Totals												

Remarks:

1. FDZ The Federal No Surprises Act (NSA) applies for this claim. We allowed covered services using the recognized Qualifying Payment Amount (QPA). The QPA complies with the NSA. The QPA is the difference between the "submitted charges" and "not payable" amount shown on each covered service line. We calculated the member's cost share using the QPA. The member only owes their cost share shown on this notice. You are prohibited from billing the member more than their cost share. Under the NSA, if you don't accept the QPA and want to initiate an Open Negotiation, you have 30 business days from receipt of this notice to do so. You can submit a completed Open Negotiation request form to us via email at [FederalNSA@Aetna.com](mailto:FederalNSA@Aetna.com). Our Provider Contact Center team can be reached at 1-888-632-3862 (1-888-MD AETNA) if you need details on initiating an Open Negotiation. If the 30-day negotiation period does not result in the issue of a determination you have 4 business days beginning on the 31st business day following the conclusion of the Open Negotiation period to initiate the independent dispute resolution process. [FDZ]

Total Patient Responsibility	\$0.00
Claim Amount Issued to Provider	\$2402.16

# EXHIBIT B

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### Choose a Health Plan

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Chiropractic
Full Service
Full Service
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Full Service
Full Service
Full Service
Full Service
Full Service
Full Service
Chiropractic
Full Service